

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)		10/657451		
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/				51			
2				/			52			
3				/			53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70	/		
21							71	/		
22							72	/		
23							73	/		
24							74	/		
25							75	/		
26							76	/		
27							77			
28							78	/		
29							79			
30							80			
31							81	/		
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90	/		
41							91	/		
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	1						Total Indep			
Total Depend	21						Total Depend			
Total Claims	22						Total Claims			